

PLACE OF BIRTH

of York  
 of Oct.  
 of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

40462

Registrar Only

Registration District No. 4405 Registered No. 99  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Name of Child Leonard (If child is not yet named, make supplemental report as directed)

(4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-20-22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

William McClan

Rock Hill S.C.

(11) AGE AT LAST BIRTHDAY 31  
 (Years)

Fairfield Co

Jim

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Jordan

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27  
 (Years)

(18) BIRTHPLACE Charterfield Co

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Dyer  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11/20/22 (28) James Dyer Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. This return is required if the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

106  
 Registrar)

Ward) number.)

named, make as directed

22  
 (Year)

hen

28

31  
 (Years)

8A M.,  
 A. M. or P. M.)

an or Midwife

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